

Health Education in a War Relocation Project*

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I HAVE been asked to tell something of my recent two months' experience in a War Relocation Project. What of the organization for public health education among people torn from their homes by the necessities of war? I can give you a picture of the problem. I can point out some of its difficulties and some of its possibilities. I cannot, as yet, describe the problem as solved nor the program for health education organized. Public health workers, however, may recognize some of the factors present in this situation as characteristic of other new communities which are springing up throughout the land.

Migrations within civil populations have been unprecedented since Pearl Harbor. The evacuation of all citizens as well as aliens of Japanese ancestry from the west coast is only one example. While the military removal of civil populations is a strange experience in America, the shifting of populations through other necessities is not new. The "dust bowl" of the Middle West caused one such migration. The present increase of armed forces with the concomitant mushrooming of industry has brought another.

Americans and aliens of Japanese ancestry living on the west coast have

gone through a cataclysmic period since February 19, 1942, when the Secretary of War was given authority to prescribe military areas from which "any or all persons may be excluded." As a war-time necessity the War Department has evacuated some 100,000 persons from the west coast which was designated a military zone. Never in American history has there been a similar forced migration of such gigantic proportions.

These people, well over 60 per cent of whom were American born citizens, educated in public schools, taught by Caucasian teachers, schooled in democratic living, abandoned their homes and business enterprises and went to temporary assembly centers to await the preparation of permanent relocation projects. Dangerous aliens or individuals whose loyalty was suspected were not included here but were interned in prison camps. Relocation projects for these people have now been set up in 7 different states and are 10 in number. They were designed to provide habitation for evacuees and to give them an opportunity to work at industries which contribute to the country's present need, namely, food production and the manufacture of certain war materials.

Near the western boundary of Arizona on the Colorado River Indian Reservation 90,000 acres of fertile mesquite covered land lay waiting development into irrigated farms early in April. A dam had recently been completed so that water might be taken from the

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river. Otherwise it was untouched desert. On May 12, just one month later, the first of the evacuees began to arrive. By the first week in September the population had risen to 17,819, and the settlement under the name of Poston had become the third largest city in the State of Arizona.

During this short period Army engineers had superintended the construction of barracks, the installation of a water system, the building of a sewage disposal plant, the construction of food storage facilities in a climate where temperatures reach well over 120°, and the building and equipment of hospital and clinic facilities for a community of 20,000 people.

The camp is laid out in 71 blocks, each of which houses some 250 or more people in 14 barracks containing 56 separate rooms, each 20 feet wide and 25 feet long. Separate buildings provide shower and toilet facilities for men and women, and there is a laundry building. Each block has one mess hall and kitchen and a recreation building for meetings and other activities. The necessities of life were thus provided in a wilderness for 20,000 people accustomed to 20th century American standards of living. Men, women, and children faced a new life and new work. How did they go about it?

The first step when a block was filled with evacuees was to organize a temporary local administrative staff. A block manager was chosen from the group. His function was to look after the needs of his community, listen to requests and complaints, pass on information for the guidance of the people, and to provide the channel for interchange of information between the general administrative staff of the project and the people.

The first duty of the manager was to see that the people were fed. Volunteer cooks were solicited from the group. The preparation and serving of food in the common mess hall would have taxed

the ingenuity of experienced and well trained cooks. The divergent tastes of youth, American born and accustomed to American food habits, and the tastes of old age, still clinging to the culture of the mother country, had to be met. Infants, who in addition to special milk formulae, required simple well cooked foods suitable for the first year of life, must be fed. The runabout child with his growth and energy requirements, not yet ready to digest and assimilate the highly seasoned combinations of food which older people crave, must be looked after. There were diabetics and minor cases of illness whose special feeding the home could not now provide. All of these nutritional problems were faced by volunteer cooks with no training and certainly no extensive understanding of the health implications involved.

The matter of nutrition gave the administrative staff deep concern. Careful checking, which showed that some of the 71 mess halls provided excellent food from the same supplies that seemed inadequate in other kitchens, indicated the problem to be one of local leadership. Plans were initiated for training each kitchen staff in the preparation and serving of palatable food, the planning of adequate menus from the food available, and for giving special training to selected persons in the preparation of food for infants and children and for invalids.

Rationing and transportation difficulties were two factors which entered into the problem of nutrition. These will increasingly disturb nutrition everywhere. Knowledge of food values and of alternate sources of essential foods is necessary to meet these problems.

Before discussing the organization of the community for health education it is necessary to understand the needs of the people and some of the peculiarities of the community in which they live. Some of the factors observed at Poston are common to other migrant groups,

and as such may possess significance to public health workers in areas given over, for example, to war industries.

A cursory investigation revealed at once the tremendous need for education, not alone for information, or for training in procedures for health protection, but over and above all else, for assurance, for morale, for a sense of security, for mental hygiene, by a people whose lives had been wrested from their foundations.

Here were people, many of whom had come from urban communities, suddenly thrust out on the desert, deprived of the security of their own homes, their accustomed community organization and services, and their economic independence, facing unknown, and to them terrifying, dangers. The heat, the dust, the rattlesnakes, the scorpions and the spiders were all factors in an environment new and strange and threatening. Regardless of the seriousness of these threats, the people needed to be reassured. They needed to know how to live in safety and some degree of comfort in temperatures above any they had ever experienced. They needed to know how to use salt to replace that lost by the body through perspiration. They needed to know, as the dust swirled around them in clouds, that dust blown from an open field, disagreeable as it may be, is a nuisance rather than a health hazard and that it does not threaten them with tuberculosis or silicosis. They needed to know the truth about the danger from insects and to have their fears removed regarding rattlesnakes.

Fear of the unknown is instinctive and is necessary to self preservation in an unfriendly world. But freedom from fear is one of the freedoms Americans are fighting for and it requires education. To enjoy security, health, peace of mind, man must know and understand the environment in which he lives.

Here was a community in which adequate provision had been made for the

necessities of community living; for safeguarding health through proper facilities for sewage disposal; through a safe and well guarded water supply; through an organized and well equipped fire department; through food doubly inspected and safeguarded as to quality and safety. Here was a community provided with a hospital staffed by well trained physicians and surgeons and equipped to meet any ordinary emergency. Yet, with all this, fears based on ignorance of what had been done to safeguard the community were rampant. Rumors that the water was not safe, that the sewage disposal plant was inadequate, that the fire fighting equipment was not up to standard, that the food was spoiled, that the hospital could not perform the simplest emergency operation ran through the community to destroy morale. The community needed to know the services that had been provided and how to use them wisely.

The situation at Poston was not unusual. Any community, be it old or new, must provide opportunities for the public to become familiar with community services if these are to be satisfactorily used. The best community services in the world fall short of fulfilling their function when the people are not secure in their use.

Large numbers of calls came in to the hospital for medical home visits—calls in excess of what could be met by the limited medical staff. In some cases these were for urgent conditions, but more often they were for minor ills. There was need for educating the public in the proper use of the medical facilities. With the increasing shortage of medical services available in every civilian community it is increasingly important that this education be provided everywhere.

The changed pattern of living, from that of the home unit to a group of fifty or sixty families, sharing a community mess hall, community showers

and latrines and laundry, presented another problem. It is difficult enough for soldiers to give up the privacy of home life and to share responsibility for the sanitation of a community shower and latrine, and to accept food which has been prepared to meet the needs of the group rather than the tastes of the individual. It is doubly hard for this adjustment to be made by whole families. Here again were unnecessary fears, bred by ignorance.

There was the fear of "athlete's foot," without adequate knowledge of how to protect oneself; fear of contracting one of the social diseases through the least likely avenue of infection, the common shower and latrine; fear of undernourishment because it was impossible to provide food for the family in the usual way. Mothers in particular needed help in making the adjustment to a new way of caring for their families. Their feeling of frustration in giving up control of the family life was acute. Yet there were constructive things to be done for the family that were within their control. Training in infant care and in home care of the sick were never more needed.

Turning from the problems felt by the people to a consideration of the group itself, an important characteristic is discovered. A new community lacks at first the coherence that makes work with it as a group possible. Coming from different localities, from all walks of life, and from divergent backgrounds, no one at first knows his neighbors and their capacities, or their potential contribution to the life of the community. People have not yet bound themselves together. Farm women living side by side with university graduates found little community interest. How helpful cohesiveness within a group can be is more fully appreciated after one has attempted to work in a community in which it is lacking. At Poston it was observed that some communities got to-

gether more quickly than did others and that those offered better opportunities for educational programs. The members of such groups came from similar backgrounds.

Another characteristic in this community was the fact that the channels through which education can function most effectively were not yet available. The health educator who goes into a new community will find it necessary to work with other groups on organization and the development of channels through which information may flow and by means of which members of the community may undertake to solve their own problems.

Under the leadership of the administrative staff, community services for the entire camp were organized. A census of the entire population was taken, and information as to the specific abilities of each person was classified. An employment bureau utilized this information in locating qualified individuals as they were needed for various tasks. A recreation department to provide immediate activities for young and old during the difficult period of adjustment was set up.

Church groups were organized. Daily vacation Bible and Buddhist schools were opened. Parents asked for nursery schools and young women volunteers organized these very creditably. Plans began to take shape for public schools, and young men and women, college graduates untrained in pedagogy, volunteered to take special teacher training which the administration offered. Volunteers set about making building bricks of adobe, since no materials were available for constructing schools. A news sheet was started by a group of young reporters and journalists. Adult classes in English and women's clubs began to appear. The machinery of self government was set up under the leadership of the legal members of the administrative staff and young evacuee lawyers.

Thus the channels for education began to take shape. The health department was organized under two branches, hospital and clinic services on the one hand, and public health services on the other. Under public health were included activities for communicable disease control, for sanitary inspections, for maternal and child welfare, for community nursing, for vital statistics and records, for nutrition, for health education.

If new communities lack the usual established channels for educational work, there are advantages to counterbalance this handicap. No set pattern can hamper the development of the program in accordance with the best thought of the present moment. It is possible to take the reports of national professional organizations, defining, for example, the functions of a health educator, and use these to set up the pattern for health education activities in the health department. The outline for school health policies, approved by recognized national groups, can be used to direct the program planning of the public school system. The lack of previously conceived ideas which might block sound development of the program is a decided advantage.

Because the slate was clear at Poston, plans could be made to permit maximum participation of the community in the discussion of its own problems. The organization of a Board of Health, on which were to be placed lay representatives of the community in addition to representatives of the professional group, was proposed. A channel would thus be provided through which the community could be kept in-

formed as to the thinking that went on behind the passage of health and sanitary regulations. This channel would also serve to keep professional workers informed as to special situations in the home and community that had a bearing on the acceptance of these regulations. In this way the health program would stem from the community itself under the guidance of professionally trained personnel.

The health educator, working under the health department, utilizing the various channels opening up throughout the community, interpreting the community and its services to the people, will be able to bring about better understanding and better use of the services provided, and to bring new security to the people.

The need and opportunity for health education in this war relocation camp are doubtless a duplication of needs and opportunities in innumerable other communities throughout the land. The break-up of old patterns of living; the insecurity of masses of people living in new surroundings; the urgency of the need in industrial and civil and army life for man power, unhampered by physical ailments and mental stresses; the steadily diminishing professional health services in civil life, must all be faced. Whether in an evacuee camp or in factory or training center where essential war industry is going forward, a clear-cut recognition of the problems existing in communities made up of migrant groups is needed. The development of sound educational programs is one part of our program for winning the war.